

Idaho HIV Care and Prevention Council

An Introduction

Thank you for your interest in the Idaho HIV Care and Prevention Council!

The Idaho HIV Care and Prevention Council (ICPC) was created by the Idaho Department of Health and Welfare. Its purpose is to promote effective HIV care and prevention programming in the state of Idaho, and to reduce the further spread of HIV infection.

The ICPC uses a “community planning” process to accomplish its work. Members work in partnership with the Idaho STD/AIDS Program to assess prevention and care needs in the state, determine the populations most at-risk of HIV infection, and recommend effective prevention strategies to reach these populations.

The ICPC’s decisions are based on many forms of data, including an epidemiological profile of who is infected in Idaho, and evidence-based studies of what interventions have proven to be successful in reducing HIV.

The ICPC incorporates the views, knowledge and experiences of many individuals and agencies. ICPC membership includes persons infected by HIV, persons representing populations at risk of HIV, HIV prevention and care providers, health department representatives, educators, and persons with expertise in behavioral science, substance abuse, corrections, health planning, epidemiology, and evaluation. The ICPC leadership ensures that every member is included equally in meeting discussions and decision making.

ICPC members hold a three-year term. The group meets two to three times per year, and meetings usually last two to three days. Members are expected to participate fully in all meetings. In addition, each ICPC member serves on a committee that works between ICPC sessions. Transportation, lodging, and meal costs for ICPC meetings are covered by the Idaho STD/AIDS Program.

For a membership application to the ICPC, please contact Terri MacDonald, Mountain States Group, 1607 West Jefferson Street, Boise ID 83702, (208) 338-0033, ext. 24 tmacdonald@mtnstatesgroup.org.

**IDAHO HIV CARE AND PREVENTION COUNCIL
MEMBERSHIP APPLICATION**

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone #: _____ **E-mail:** _____

INSTRUCTIONS: No one answer determines who will be an ICPC member. This application is used to help the Administrative Committee learn more about candidates. The reviewers of applications will keep the information you provide in confidence. You may hand-write or type this application, but please make sure that it is legible. The deadline for this application to be submitted is September 23, 2005.

1. Describe why you would like to become a member of the ICPC.

2. What amount of time would you be able to commit to ICPC meetings and committee work?

3. What experience do you have with HIV prevention; HIV/AIDS care; or people at risk for HIV?

4. The ICPC has a variety of membership categories. Please indicate the category(ies) you believe you represent and provide further details regarding your membership category(ies) below:

- | | |
|--|--|
| <input type="checkbox"/> Population infected by HIV/AIDS* | <input type="checkbox"/> Public health representative |
| <input type="checkbox"/> Population at risk of HIV/AIDS** Please specify from the populations listed below: _____ | <input type="checkbox"/> Elementary/secondary/higher education |
| <input type="checkbox"/> HIV prevention services provider organization | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> HIV/AIDS care provider organization | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Other organization relevant to HIV prevention and care | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> State health department | <input type="checkbox"/> Behavioral/social science |
| | <input type="checkbox"/> Epidemiology |
| | <input type="checkbox"/> Health planning |
| | <input type="checkbox"/> Program evaluation |

* CDC defines this category as a member who him or herself is infected by HIV.

** Defined as men who have sex with men, current or former injection drug users, or persons who have unsafe heterosexual sex.

Further explanation of your membership category(ies):

5. Briefly provide additional information about yourself that you feel is unique or of importance in regard to being an ICPC member (include skills, assets, or knowledge).
6. What changes would you like to see in HIV prevention or care services on the local, regional, statewide, or national levels?

Please submit your application to:

Terri MacDonald
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Boise, ID 83702
(208) 338-0033 x 24
Fax: (208) 338-9950
Email: tmacdonald@mtnstatesgroup.org